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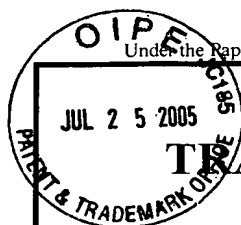


07-27-05

PTO/SB/21 (6-99)

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Application Number	09/905,348		
	Filing Date	July 13, 2001	
	First Named Inventor	Ashkenazi, et al.	
	Group/Art Unit	1647	
Examiner Name	Saoud, Christine		
Total Number of Pages in This Submission		Attorney Docket Number	39780-1618P2C18

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Declaration of Dr. Audrey Goddard w/Exhibits A-G; stamped return postcard
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version with Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request (2-month EOT = \$450.00) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER (Reference Atty. Docket No. 39780-1618P2C18).	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	PANPAN GAO, ESQ., REG. NO. 43,626, HELLER EHRMAN WHITE & McAULIFFE LLP		
Signature			
Date	July 25, 2005	Customer Number:	35489

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<div style="float: left; width: 150px; text-align: center;"> PTO FEE TRANSMITTAL for FY 2005 <i>Effective 12/08/2004. Patent fees are subject to annual revision.</i> </div> <div style="clear: both;"></div>					Complete if Known		
<input type="checkbox"/> I claim small entity status. See 37 CFR 1.27					Application Number	09/905,348	
TOTAL AMOUNT OF PAYMENT (\$)					450.00	Filing Date	July 13, 2001
					First Named Inventor	Ashkenazi, et al.	
					Examiner Name	Saoud, Christine	
					Art Unit	1647	
					Attorney Docket No.	39780-1618P2C18	

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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 39780-1618P2C18) Deposit Account Name: Heller Ehrman White & McAuliffe LLP							
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1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	200	2005	100	Provisional filing fee			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
		Extra Claims		Fee from below	Fee Paid		
Total Claims		-20** =		x			
Independent Claims		-3** =		x		0	
Multiple Dependent						0	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
1202	50	2202	25	Claims in excess of 20			
1201	200	2201	100	Independent claims in excess of 3			
1203	360	2203	180	Multiple dependent claim, if not paid			
1204	200	2204	100	**Reissue independent claims over original patent			
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$)		
**or number previously paid, if greater; For Reissues, see above							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	PANPAN GAO, ESQ.	Registration No. (Attorney/Agent)	43,626
Signature		Date	JULY 25, 2005
		Telephone	650-324-7000
		Customer No.	35489

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